BEST AVAILABLE COPY

								plication or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000													
		CLAIMS AS	FILED - (Column			mn 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			20					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2 0 minus 20=					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		•			X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=		
• 15	the difference	in column 1 is	less than zero, enter "0" in column 2			. !	TOTAL	355	OR	TOTAL			
CLAIMS AS AMENDED - PART II										-	OTHER	THAN	
		(Column 1)		(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	1 - 10	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** 		=		X\$ 9=	, , , , , , , , , , , , , , , , , , ,	OR	X\$18=		
	Independent	TATION OF M	Minus	***	CL AILA	=		X40=	•	OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270≔		
•								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
-		(Column 1) CLAIMS		(Colur			1 ,		· ·				
AMENDMENT B		REMAINING AFTER AMENDMENT		→ NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= "		X\$ 9=		OR	X\$18=		
	Independent:	,*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESE	NIATION OF MU	JUNPLE DEF	ENDEN	CLAIM	CLAIM	1	+135=		OR	+270=	7	
· · · · · · · · · · · · · · · · · · ·								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)								٠.			•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	; ,	
		•	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										+270=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE													
	The "Highest Numl	per Previously Pai	d For" (Total o	r Independe	ent) is the	highest numbe	r fou	ind in the api	propriate bo	x in col	lumn 1.		